

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S6504

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND. 1

TOTAL DEP. 2

TOTAL CLAIMS 3

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS